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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/921,955	
	Filed Date	August 3, 2001	
	First Named Inventor	George <b>BILBREY</b>	
	Group Art Unit	Unknown	
	Examiner Name	Unknown	
Total Number of Pages in This Submission		Attorney Docket Number	002616-16

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Marc S. Kaufman Registration No. 35,212 Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W., Suite 900 Washington, D.C. 20004-2128
Signature	
Date	1-17-05

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**REQUEST FOR WITHDRAWAL AS  
ATTORNEY OR AGENT**

Application Number	09/921,955
Filing Date:	August 3, 2001
First Named Inventor	George <b>BILBREY</b>
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	002616-16

**To: Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reason for this request is:

**Client requested another law firm to handle case.**

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

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**OR**

☒ Firm or  
Individual Name

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☒ This request is made on behalf of myself and

☐ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number

22204

This request is enclosed in **triplicate** (including any attachments).

Name

Marc S. Kaufman

Signature

Date

1-17-06

*NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.*